



AGREEMENT FOR CONTRACTED SERVICES

This Contract is made and entered into effective as of the (date) by and between the Colorado Foundation for Families and Children (CFFC) and (company) to serve as the independent consulting firm to conduct technical assessments of the Health Care Reform Proposals for the Blue Ribbon Commission for Health Care Reform. According to the authorizing legislation, the purpose of the Blue Ribbon Commission for Health Care Reform is to “study and establish health care reform models to expand health care coverage and to decrease health care costs for Colorado residents.” The Commission is required to:

- “Work in a nonpartisan manner to examine health care coverage and reform models designed to ensure access to affordable coverage for all Colorado residents;”
- “Solicit reform concept papers and detailed proposals from interested parties;”
- “Select the top proposals for detailed technical analysis by an independent consulting firm;”
- “Hold statewide informational meetings at least once in each congressional district for the purpose of receiving public comments;”
- “Present a final report to the General Assembly on or before November 30, 2007, including an unbiased economic analysis, feasibility, and technical assessment of the favorable and unfavorable considerations and of the various reform options.”

SCOPE OF PROJECT

(Include specific scope of work and agreed upon deliverables from the RFP.)

DESIGNATED REPRESENTATIVES

(Contractor Representatives) will represent (Contractor) in the completion of the above scope of work for the Blue Ribbon Commission for Health Care Reform. Tracy Johnson, Ph.D. and Anita Wesley representing the Blue Ribbon Commission for Health Care Reform will be the contact around all content and strategic decisions. Ken Seeley and Carolyn Homer will act as the CFFC contact for fiscal purposes.

COST & PAYMENT

(Agreed upon cost and defined payment schedule and invoice parameters.) Payment shall be made within 15 days of receipt of invoice to Carolyn Homer.

COMMENCEMENT AND DURATION

This Contract will come into effect on (date) and will remain effective until (date). It may be terminated or modified earlier by 10 days written notification by either involved party and for modification must be agreed upon by all parties. The termination of this Contract will not affect activities that are in progress at the time of the notice of termination.

In addition, there could be meetings where a presentation is required by the Contractor after the contract end date. These presentations will be considered part of this contract and will not be deemed as an extension of time, as only presentations are required. There will not be additional funds available for these presentations.

INDEPENDENT CONTRACTOR STATUS

The Contractor shall perform these duties as an independent contractor and not as an employee. Neither the Contractor nor any agent or employee of the contractor shall be or shall be deemed to be an agent or employee of the Colorado Foundation for Families and Children. The contractor shall pay when due all required employment taxes, income tax withholding, shall provide and keep in force worker's compensation, if required, and unemployment compensation insurance in the amounts required by law, and shall be solely responsible for the acts of contractor, its employees and agents. Under Colorado State Law if the contractor does not carry workmans compensation, then Colorado Foundation for Families & Children is required to cover the contractor under their plan and will deduct the premium paid for contractor from invoice. The contractor agrees by signing this form, that they will notify Colorado Foundation for Families & Children if they do not have workmans compensation insurance.

INDEMNIFICATION

The Colorado Foundation for Families and Children shall be indemnified and held harmless against any and all damages, liability, and court awards, including legal costs and attorneys fees, incurred as a result of this agreement. If any one part of this agreement is found to be invalid, it will not be considered a means of invalidating the entire contract.

Signature Contractor: _____ Date _____

Contractors Social Security Number/EIN _____

Project Director _____ Date _____

Chief Operating Officer _____ Date _____